2017 - 08 - 16 - 05 - 00171743

FEC FORM 2 STATEMENT OF CANDIDACY



FEC FORM 2 (REV. 02/2009)

1. (a) Name of Candidate (in full) Geoffrey M. Young	SOLL MOO	
(b) Address (number and street) 4 Kimberly Place	2. FEC Candidate Identification Number C 00599514	
(c) City, State, and ZIP Code Lexinston KY 40503	3. Is This New Statement (N) OR (A)	
4. Party Affiliation Democratic U.S. House of Reps. 6. State & Dist	rict of Candidate	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Comm	nittee for the $ZOIB$ election(s).	
NOTE: This designation should be filed with the appropriate office listed in the instructions.	(year of election)	
(a) Name of Committee (in full)		
GEOFF YOUNG FOR CONGRESS		
(b) Address (number and street)		
454 Kimberly Pl.		
(c) City, State, and ZIP Code		
Lexington, KY 40503		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES		
(Including Joint Fundraising Representatives)		
8. I hereby authorize the following named committee, which is NOT my principal campaign con	nmittee, to receive and expend funds on behalf of my	
candidacy. NOTE: This designation should be filed with the principal campaign committee.		
NOTE. This designation should be filed with the principal campaign committee.		
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		
Locatify that I have examined this Statement and to the heat of my knowledge		
I certify that I have examined this Statement and to the best of my knowledge a	Date	
Geoffrey M. Young	8/11/17	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.		
9-00068	FEC FORM 2 (REV 02/2009)	

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8-	8/16/V1
PREPARER (3/2015)	DATE PREPARED